

# NATIONAL Assessment Centre Services

Date In: <b>27/07/19</b>	Jcb description	Date & Time Completed	Done by
Ref No: <b>NA/LIA 190132 44/13</b>	SAS e-filing		
Veh No: <b>G46828A</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>26/07/19 1305</b>	i-Motor Claim Form		
OD: <b>(IP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>IRENE (NSI)</b> )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>1572133</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :** \_\_\_\_\_

Date/Time	Actions

<b>NA1905759</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b> 1st Bill	<b>Amt (\$)</b> Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	27/07/2019 15:20
Date Of Accident	26/07/2019 13:05
Exact Location Of Accident	AIRPORT RD TWDS EUNOS LINK(SLIP RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6828A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INTERIOR FILE PTE LTD
Co Reg No	200504558E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67493389

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V03282/VCV/R03
Cover Note Number	

### Driver

Name of Driver	TAN BOON CHEAN
Passport No/FIN	G7547371R
Date Of Birth	10/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86519619
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 330 UBI AVE 1 #10-649 KAMPONG UBI ESTATE
Postcode	400330
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190726/2127

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JST2133
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Slip Rd.

ascot Rd

Eunos Crnk

A - GY682

B - JST2133

B - JST 2133


slip rd

Airport Rd

Refer to police Report No:  
T/20190726/2127

I/We declare the foregoing particulars are true in every respect.

g particulars are true in every respect.

 Pan

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

 27/07/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190726/2127

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20190726/2127

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2019 17:46	Vide Report No.:	Station Diary No.: 71
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**Informant's Particulars**

Name of Informant: TAN BOON CHEAN			Address: APT BLK 330 UBI AVENUE 1 #10-649 KAMPUNG UBI ESTATE SINGAPORE 400330		
ID Type / ID No.: FIN NO / G7547371R			Contact No.: Home/Office: Mobile: 86519619		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/11/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/07/2019 13:05	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD EUNOS LINK SLIP ROAD AIRPORT ROAD TOWARDS EUNOS LINK(JLN EUNOS)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY6828A	Lorry					0
JST2133	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190726/2127

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20190726/2127

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/7/19 at around 1300hrs, I was travelling along airport road slip road of eunos link. As there were oncoming vehicle, I slowed down my vehicle and came to a stop eventually. Out of a sudden, I felt a huge impact coming from the rear. I alighted my vehicle and realized that one Malaysian vehicle had collided onto me. I then contacted my company to assist me as I am in a rush to collect my goods. Upon the arrival of my colleague, I then left the scene without exchanging any particulars with the Malaysian driver. I wish to state that currently I do not feel any pain at the moment. The collision had caused my rear left lights and my number plate to be slightly dented. I wish to further state that I do not have a in car camera installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190726/2127

3 of 3

Report No. T/20190726/2127

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 ONG JIN HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

*fan*

Date/Time:

26/07/2019 17:46

Classification Of Case:

<b>Vehicle No.</b>	G46828A	<b>Model / Make</b>	toy Dyna
<b>Date of Accident</b>	26/07/2019		
<b>Time of Accident</b>	1305	<b>HRS</b>	
<b>Location of Accident</b>	Airport Rd toward Euro Link (Slip Rd)		
<b>Exact purpose use during accident</b>	work		
<b>Name of Owner</b>	INTERIOR FILE PTE LTD		
<b>Telephone No.</b>	H/P :	Home :	Office : 67493389
<b>NRIC</b>	ROC : 200504558E		
<b>Address</b>	Blk 3023, Ubi Rd 3 #01-16, S' 408663		
<b>Claim type</b>	OD (THIRD PARTY) REPORTING ONLY		
<b>Insurance Company</b>	Liberty Ins		
<b>Type of Coverage</b>	(Comprehensive) Third Party Third Party / Fire / Theft		
<b>Policy No.</b>	5119V03282/VCV/R03		
<b>Name of Driver</b>	As Above If No, TAN BOON CHUAN		
<b>NRIC</b>	Ain = G7547371R Any Passengers : 0		
<b>Date of birth</b>	10/11/1982		
<b>Occupation</b>	Outdoor / (Indoor)		
<b>Driving License Pass Date</b>	5 Feb 2009		
<b>Gender</b>	(Male) / Female		
<b>Contact No.</b>	H/P : 86579619	Home :	Office : 67493389
<b>Address</b>	Blk 330, Ubi Ave 1 #10-649 Kamping Ubi Estate S' 400330		
<b>Driver have any own vehicle</b>	(No) If yes, Reg No.		
<b>Relationship</b>	(Employee,) If no, state		
<b>Weather condition</b>	(Clear) Raining Other		
<b>Road Surface</b>	(Dry) Wet Other		
<b>Any Injuries</b>	(No,) If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, (If Yes, Where?) T 20190726/2127 (Gelang)		
<b>Vehicle B No.</b>	JST 2133	<b>Any Passengers :</b>	0
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>			
<b>Camera Recorder</b>	Yes (No)		
<b>Email Address</b>	irenelionw1666@gmail.com		
<b>PARTICULAR WORKSHOP</b>			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



TAN BOON CHEAN

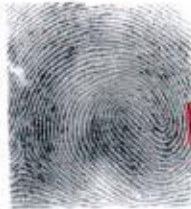
Download SGWorkPass  
App to check status

FIN  
G7547371R

Date of Birth  
10-11-1982

Sex  
M

Nationality  
MALAYSIAN



**For LKK/NAC Use Only**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



### WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
INTERIOR FILE PTE. LTD.

**For LKK/NAC Use Only**



Name  
TAN BOON CHEAN

Work Permit No.  
4 01598405

Sector  
CONSTRUCTION



K1213184

*date of Expiry*

*24/02/2021*

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B  
Class 3

Motorcycles  $\leq 200$  cc

Motor cars with unladen weight  $\leq 3000$ kg with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500$ kg

EFFECTIVE DATE

05 Feb 2009  
05 Feb 2009

**For LKK/NAC Use Only**

NP 428A



Licence No: G7547371R

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G 7 5 4 7 3 7 1 R

Name:

TAN BOON CHEAN

**For LKK/NAC Use Only**

Birth Date: 10 Nov 1982

Issue Date: 22 Jan 2019

Valid Till 04/02/2024



002894978A



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SI19V03282 /VCV /R03
<b>Form</b>	MZ300A
<b>Date of Issue</b>	15-Mar-2019
<b>1.Index Mark and Registration No. of Vehicle</b>	GY6828A
<b>2.Chassis number of Vehicle:</b>	JTFAT35Y80K200423
<b>3. Name of Policyholder:</b>	INTERIOR FILE PTE LTD
<b>4.Effective date of Commencement of Insurance</b> for the purposes of the Act:	27-MAR-2019 00:00
<b>5.Date of Expiry of Insurance:</b>	26-MAR-2020 23:59
<b>6.Persons or Classes of Persons</b> entitled to drive*:	

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to use\*:

- A) Use in connection with the Policyholder's business.
- B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- C) Use for social, domestic and pleasure purposes.

8.The Policy does not cover:

- A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers



Authorised Signature

**For Information only:**

<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED (\$\$):</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS (\$\$):</b>	Section I \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers/Work Permit Holder \$3,000.00, Windscreen Excess \$100.00
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	TAN SIAM HUAY